

Sheriffs Administrators Association (SAA)

2020 Employee Rates

	Regence	Regence HSA	Kaiser Medical	Kaiser Medical HSA		Kaiser Dental	Delta Dental
	with VSP Vision	with VSP Vision					
SINGLE							
Monthly	\$ 41.34	\$ 29.52	\$ 41.34	\$ 29.52		\$ 2.14	\$ 2.14
per pay period	\$ 20.67	\$ 14.76	\$ 20.67	\$ 14.76		\$ 1.07	\$ 1.07
TWO PARTY							
Monthly	\$ 82.04	\$ 58.74	\$ 82.04	\$ 58.74		\$ 4.02	\$ 4.02
per pay period	\$ 41.02	\$ 29.37	\$ 41.02	\$ 29.37		\$ 2.01	\$ 2.01
FAMILY							
Monthly	\$ 110.00	\$ 84.94	\$ 110.00	\$ 84.94		\$ 6.80	\$ 6.80
per pay period	\$ 55.00	\$ 42.47	\$ 55.00	\$ 42.47		\$ 3.40	\$ 3.40

Waiver of Medical Insurance (with proof of other group coverage) will receive cash in lieu of coverage at \$130 per month (\$65 per pay period)

Waiver of Dental Insurance (proof of other coverage not required) will receive cash in lieu of coverage at \$20 per month (\$10 per pay period)